

Firelands Regional Medical Center School of Nursing
Nursing Care Map

Student Name: Elizabeth McCloy

Date: 09/26/2023

Noticing/Recognizing Cues:

Highlight all related/relevant data from the Noticing boxes that support the top priority problem

Assessment findings*:

- Vaginal augmented delivery
- 400 mL EBL
- AROM, clear fluids
- Lower back pain, reporting 2/10.
- Posterior vaginal wall lac (repaired)
- L labial lac (repaired)
- Uterine atony- given Pit and IM methergine
- Edematous perineum
- Golf ball sized clots postpartum 9/25
- Scant amount lochia rubra 9/26
- Fundus is firm and below the umbilicus 9/26

Lab findings/diagnostic tests*:

- 14.8 WBC 9/25
- 3.92 RBC 9/25
- 11.7 Hgb 9/25
- 34.4 Hct 9/25
- Negative (-) GBS
- 18.2 WBC 9/26
- 3.08 RBC 9/26
- 9.3 Hgb 9/26
- 27.4 Hct 9/26

Risk factors*:

- Posterior vaginal wall lac
- L labial lac
- Uterine atony 9/25
- Age 20
- Given Pitocin and methergine 9/25
- 400 mL EBL
- Golf ball sized clots postpartum 9/25

Interpreting/Analyzing Cues/
Prioritizing Hypotheses/
Generating Solutions:

Nursing priorities*: ***Highlight the top nursing priority problem***

- Acute pain
- Knowledge deficit postpartum, understanding changes
- Knowledge deficit on newborn care
- Risk for postpartum hemorrhage

Potential complications for the top priority:

- Hypovolemia
 1. Decreased BP
 2. Pale skin
 3. Increased HR, increased RR
- Infection
 1. Foul odor to drainage
 2. Tachycardia
 3. Fever
- Blood transfusion
 1. Decreased Hgb/Hct levels
 2. Decreased BP
 3. >500 mL blood loss (vaginal delivery)

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Responding/Taking Actions:

Nursing interventions for the top priority:

1. Assess VS Q4h and prn.
Rationale: Monitor for s/s of infection.
2. Assess peri pad Q1h and prn.
Rationale: Monitor COCA of drainage for any s/s of infection.
3. Assess fundus Q1h and prn.
Rationale: Monitor location to umbilicus and ensure it is descending appropriately.
4. Assess blood work (lab values) and perform lab draws Q4h and prn.
Rationale: Monitor hematology labs to assess trends (Increase/Decrease in labs).
5. Assess skin integrity Q4h and prn.
Rationale: Monitor for s/s of skin breakdown, open areas/breaks in the skin as well as ensuring lacerations are healing appropriately.
6. Assess pain level Q2h and prn.
Rationale: Ensure proper pain control to ensure adequate healing.
7. Administer methergine 0.2mg IM PRN.
Rationale: Monitor for excessive bleeding.
8. Educate on postpartum bleeding and clots Q12 and prn.
Rationale: To encourage participation in care and inform staff of excess bleeding and self-monitoring of peri pads.

Reflecting/Evaluate Outcomes:

Evaluation of the top priority:

- Admission Hgb 11.7 and 34.4 Hct, 24hr redraw postpartum 9.3 Hgb and 27.4 Hct. Redraw to be completed 48hrs postpartum.
- Firm fundus, below umbilicus.
- Scant amount of lochia rubra noted on peri pad 9/26.
- Edematous. Perineum, ice pack and tucks pads applied.
- No s/s of infection r/t lacerations.
- Improvement in pain level reported, initial rating (9/26 @ 0800) 2/10 pain, (9/26 @ 1200) denies pain rating 0/10.

Continue plan of care.